



Montgomery County Department of Health and Human Services
Licensure and Regulatory Services
255 Rockville Pike, Ste 100, 1st Floor, Rockville, Maryland 20850
Phone: 240-777-3986 Fax: 240-777-3088
www.montgomerycountymd.gov/licensure

CERTIFIED SWIMMING POOL OPERATOR LICENSE APPLICATION
(LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON)

New ☐ Renewal ☐ Replacement of Lost Card ☐

TODAY'S DATE: _____

Name of Applicant: _____

Address of Applicant: _____
(include street number, suite number, street name, city, state, and zip code)

Date of Birth: _____ Home Telephone No. (with area code): _____
(Proof of Age Required)

Fax No. (with area code): _____ Email: _____

First 4 Letters of Last Name and First 4 of First Name: _____

Renewal's Only: Exam Expiration Date: _____ Card Expiration Date: _____
(Re-exam required every three years)

I hereby certify the above information is accurate and complete to the best of my knowledge. I understand that providing false information may result in revocation of my Montgomery County Certified Swimming Pool Operator's License. I am aware that failure to renew this license within 180 days after the card expiration date will require re-examination.

Signature of Applicant: _____

Printed Name of Above Signatory: _____

Fee Information: Exam: \$40.00

Card: \$40.00 - 1 year; \$70 - 2 years; \$90 - 3 years.

(Cards may only be renewed for a Maximum of Three years)

OFFICE USE ONLY

EXAM ONLY:

Check #/Approval Code: _____

Amount Paid: _____

Receipt No: _____

Exam Date(s): _____

CARD ONLY:

Check #/Approval Code: _____

Amount Paid: _____

Receipt No: _____

ID No: _____

Date Card Issued: _____

Date Card Expires: _____

Date Exam Expires: _____

Staff Initials: _____